U.S. Department of Labor Office of Labor-Management Standards Vvashington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 1/32 0	2. Fiscal Year Covered From:		
,	7/7/2004 Through: [2/3]/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JOHN D BAKER IN	Name GREAT LAKES DISTRICT COUNCIL		
	Labor Organization File Number 530-135		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 101 ERIESIDE AVE	Street 101 ERIESIDE AVE		
City ClEVE And	City Cleveland		
State OHIO ZIP Code + 4 44114	State Ohlo ZIP Code + 4 44114		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name NONE			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed John D Bake Jr	On 8-3-2005 (216) 781-7816 Date Telephone Number		
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Form LM-30 (2003)

Name of Person Filing JOHN D BALER	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name FAUKUER, MUSKOVITZ & Phillips, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 820 WEST Superior Ave 9+h Floor City Cleveland State ONO ZIP Code + 4 44113	Holiday BASKET			
13.b. Is the Business an Employer or Consultant 70 ?	14.b. Amount of payment.			